

# Sick Leave Donation Program

## Donation Form

### TO: RECIPIENT / APPROVED APPLICANT INFORMATION

*Please type or print clearly*

Name	Department/Division	Employee ID
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### FROM: DONOR EMPLOYEE INFORMATION

*Please type or print clearly*

Name	Employee ID
Title	Department/Division
Work Address	Work Phone
Home Address	City/State/Zip
Supervisor Name	Supervisors' Work Phone

### I AM DONATING:

\_\_\_\_\_ Hour(s) Vacation  
\_\_\_\_\_ Hour(s) Sick Leave  
\_\_\_\_\_ Hour(s) Compensatory Time

*Donations must be made in one (1) hour increments and will be converted into the recipient's sick leave time*

**HAVE YOU FILED FOR SEPARATION FROM THE CITY?** ☐ No ☐ Yes *(See below)*

*If yes, you may donate sick leave up to a maximum of forty (40) hours total, provided at least forty (40) hours remain in your sick leave bank (no restriction on vacation or comp time). Timecards are inaccessible (frozen) upon separation: if you separate from the City prior to an applicant's approval for the Program, the Coordinator has no access to process donated time and the donation is considered VOID.*

*I understand that my donation is voluntary and confidential, and the amount specified above will be deducted from my leave balances accordingly. This donation is irrevocable and any unused time will remain in the recipient's sick leave account as outlined by Sick Leave Donation Program guidelines.*

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

### COMPLETED FORMS MUST BE RETURNED TO:

[sickleavedonation@minneapolismn.gov](mailto:sickleavedonation@minneapolismn.gov)

-OR-

SLDP Coordinator, Human Resources  
250 South 4<sup>th</sup> Street, Rm 100  
Minneapolis, MN 55415